United Nations CEDAW/C/MRT/Q/2-3/Add.1

Convention on the Elimination of All Forms of Discrimination against Women

Distr.: General
17 March 2014
English
Original: French

Committee on the Elimination of Discrimination against Women

List of issues and questions in relation to the combined fourth and fifth periodic reports of Mauritania

Addendum

Replies of Mauritania*

* The present document is being issued without formal editing

14-26738 (E) 080414

[13 March 2014]

This document contains the replies to 21 questions asked by the Committee on the Elimination of Discrimination against Women. These questions will be discussed during the consideration of the combined second and third periodic reports of the Islamic Republic of Mauritania by the Committee. Those reports will be considered by the Committee at its fifty-eighth session, to be held at the United Nations Office at Geneva on 30 June to 18 July 2014.

General context

1. The preparation of the report began with the recruitment of a consultant who, in accordance with the terms of reference, met all of the focal points of the departments concerned and the relevant civil society organizations in order to collect the information necessary for drawing up a draft report. The draft report was subsequently shared with all of the said entities, whose comments and observations were taken into account in the final report. An interministerial committee consisting of representatives of all ministries concerned by the implementation of the provisions of international human rights treaties, parliamentarians and observers of the United Nations system was established in the Ministry of Social Affairs, Children and the Family (MASEF). The committee is responsible for the preparation of periodic reports on measures taken by Mauritania pursuant to the such treaties and provides explanations and information related to those reports.

2. Women refugees in the camps of M'Berra and Bassiknou receive health-, education- and food-related services provided by the State, which has organized a clinic, school classes and points for daily food distribution. The security of the women is ensured by the national gendarmerie. NGOs complement those measures with related specific activities and awareness-raising campaigns on the rights of refugees in general and women in particular. Perpetrators of assaults against women refugees are brought before the judicial authorities and prosecuted. The Office of the United Nations High Commissioner for Refugees (UNHCR) provides support for refugees in both camps. The draft Asylum Act is ready and scheduled to be presented to the National Assembly at its ordinary session in June 2014.

In 2013, the Tadamoun agency, which assists refugees, allocated 2,837,720,000 UM for the implementation of educational, vocational training, health, water, agriculture, livestock raising, fishing, environmental, social housing and small trades projects and programmes which have benefitted women refugees. That agency has adopted a human rights approach conducive to the confirmation of the recognized economic, political and social rights of all citizens with a view to making those rights accessible to persons deprived of such entitlements. To that end, all activities of the agency are based on a firm grasp of international treaties, particularly those abolishing slavery, and of the international covenants on civil, political, social, cultural and economic rights.

Slavery

3. Combating slavery comprises the following three lines of action: first, legal and judicial measures through the act prohibiting slavery and the legal proceedings brought against slave-holders, of whom 10 have already been convicted; second,

economic measures through the creation of the Agency for Solidarity, which develops projects for the integration of former slaves on the same basis as refugees (see paragraph 2); and, third, direct measures for disseminating and raising awareness of the legal and institutional framework against slavery.

The situation of girls and women domestic workers is governed by Decree No. 797, which grants them rights exercised with the economic, legal and psychological support of the Ministry of Social Affairs, Children and the Family (MASEF), the labour inspectorates and NGOs. Awareness of the criminal character of slavery is raised through campaigns carried out by various ministries for their staff or by civil society. Under an action plan of the Ministry of Justice, all allegations of slavery are systematically investigated. A draft act punishing slavery as a crime against humanity is being prepared. In March 2014, the Government adopted the road map proposed by the United Nations Special Rapporteur on contemporary forms of slavery, including its causes and consequences.

Constitutional, legislative and institutional framework

4. Although it draws on Islamic law as its source, Mauritanian law is codified. No ultra-legal provision that is not contained in the Personal Status Code may apply to women. The process of aligning Mauritanian law with the provisions of the Convention began a number of years ago and has already concerned education, employment, health, justice and civil and political rights. Solely the provisions of the Convention on marriage are still subject to a general reservation, which is in the process of conversion into a specific reservation. Women's testimony under the Criminal Code is currently being discussed through the formulation of the policy on criminal affairs and ultimately through the revision of punitive legislation. A provision on discrimination based in articles 1 and 2 of the Convention is a key element of the draft Act on violence against women, whose adoption will fill a relevant gap in the law.

Visibility of the Convention

5. Initial training for judges, law officers and the police includes a human rights module, part of which relates to the Convention. In-service training for those officers includes numerous seminars on the implementation of the Convention. The Convention is disseminated by means of translation into the four national languages, large-scale awareness-raising campaigns through the media (radio and television), campaigns carried out by NGOs on the ground, and other programmes supervised by the communication unit of the Ministry of Social Affairs, Children and the Family (MASEF) through its regional coordination offices. The unit acts through focus groups working with illiterate women or through paralegals, traditional scholars, community chiefs or women themselves, taking every opportunity to address groups by appropriate means.

National machinery for the advancement of women

6. Women's empowerment is the responsibility of various ministries, including the Ministry of Social Affairs, Children and the Family (MASEF), which has been

entrusted with the promotion and protection of women's rights, which encompass those envisaged by the Convention. The Ministry coordinates all action related to women's rights. The human, material and financial resources necessary for that mission are available to the Ministry and are clearly increasing. The Ministry is currently implementing the State policy on gender-based development. Considerable progress has been achieved in that area. The status of women has improved at the national level. Thus, as a result of the latest democratic elections, women are represented to a significant degree in all Government bodies and in the State machinery. The ratio of women's participation is 31/147 in the National Assembly, 9/56 in the Senate and 1,317/3,722 among municipal councillors. Moreover, six mayors, including the president of the Nouakchott urban community, seven ministers, four secretaries-general, two ambassadors and one prefect are women. Various structures subordinate to the Ministry monitor the use of the gender approach in the policies of the Government.

Of the two databases set up as part of the development of a specific system for the collection and analysis of gender-disaggregated data pertaining to all areas of the Convention, one concerns family disputes and allows for data management based on reliable statistics collected through accurate follow-up procedures and on the availability of legal instruments related to the rights of the family, women and children, while the other database concerns sexual violence.

Access to justice

7. Conciliators (mouslihines) have always played a key role in the settlement of disputes, particularly if they are not complex, that may at any time occur between citizens. That role facilitates the judges' work, who thus usually handle only cases not resolved through mediation. The privileged status enjoyed by conciliators because of that mission is commensurate with their place in society. In fact, they are designated at the proposal of the competent administrative authorities on the basis of objective criteria, including perfect knowledge of their environment, mastery of Islamic jurisprudence (fiqh) and credibility within the social milieu in which they exercise their function. Such qualifications ensure success in most of the cases in which a conciliator offers his good offices. Recourse to a conciliator is not obligatory. The only document that he draws up is a statement of conciliation. Certified by the president of the court of the department (moughataa) to which the conciliator belongs, that document is binding and enforceable.

The law is not sexist and provides for women's access to the judiciary. There are two women judges in the country. All citizens have access to the courts and, for the poor, the costs of legal action are covered by judicial assistance.

The Criminal Code punishes violence against women in article 287 on aggravated assault and article 309 on rape. In order to facilitate such punishment further, the Government plans to adopt the draft Act punishing violence against women. A defence counsel paid by the authorities is officially assigned to women with insufficient means who go to court. They also receive support from the National Human Rights Commission and civil society organizations .

Stereotypes and harmful practices

8. Various measures have been taken in order to develop a comprehensive strategy to change social and cultural patterns and eliminate gender-based stereotypes and practices harmful to the health of women. Thus, a committee has been created, at the level of the Prime Minister, for gender mainstreaming and clarification of the roles and responsibilities of the actors concerned. Gender and development units have been set up in the ministries in order to consider and follow up on gender issues. The Ministry of Social Affairs, Children and the Family (MASEF) has organized workshops and debates through the media and national forums in order to ensure the visibility, dissemination and implementation of the National Gender Strategy. The same Ministry has developed specific gender-disaggregated indicators for monitoring and evaluating gender issues in close cooperation with other actors, which are subject to ongoing assessment in order to infer the action required. The Ministry of Economic Affairs and Development has mainstreamed specific gender-disaggregated indicators into the poverty monitoring and evaluation system, within the strategic framework for poverty reduction (SFPR). Civil society has set up networks and regional coordination offices within umbrella organizations, launched advocacy and lobbying campaigns on gender and built the capacities of its members in relation to gender in order to improve the quality of their action. The technical and financial partners (TFPs) have incorporated specific gender-disaggregated indicators into their projects and programmes; put gender issues on the agenda of coordination meetings between donors, the Ministry of Social Affairs, Children and the Family (MASEF) and the national mechanisms; and supported the launching, monitoring and implementation of the National Gender Strategy.

Various measures have been taken to describe and raise awareness of stereotypes and practices harmful to women. With regard to sexual violence, such measures have been:

(i) The celebration of the International Day for the Elimination of Violence against Women;

(ii) The preparation and validation of a study on the phenomenon of violence against women and girls;

(iii) Continuous support in care centres for victims of sexual violence;

(iv) A study trip on that issue and the establishment of a database on rape;

(v) Advocacy and coordination seminars for judicial authorities (inter alia, court presidents and police superintendents) on problems related to violence against women;

(vi) Organization of a national awareness-raising campaign on gender-based violence;

(vii) In cooperation with the United Nations Population Fund (UNFPA) and the international channel of BBC, production of documentaries on gender-based violence in Mauritania.

With regard to domestic or spousal violence, the following activities have contributed to raising the awareness of the population and orienting victims towards the competent services:

(i) Creation of the family disputes service, which plays a social mediation role, is responsible for the handling and settlement of family disputes, refers contentious cases to justice and follows up on them;

(ii) Establishment of family disputes units in all regional capitals of the country;

(iii) Creation, at Nouakchott, Assaba, Gorgol and Nouadhibou, of four committees for dealing with and settling family disputes through coordination and cooperation between State authorities, NGOs, the Army, the Gendarmerie, the National Guard and the Police;

(iv) Enhancement of the capacities of the services responsible for the handling and settlement of family disputes;

(v) Training of 70 legal assistants;

(vi) Organization of extensive awareness-raising campaigns through community-based media in cooperation with civil society;

(vii) Recruitment of legal assistants for the family disputes service;

(viii) Preparation and dissemination of a guide on legal procedures;

(ix) Ongoing support for care centres for victims of family disputes.

With regard to harmful practices, the following measures have been taken:

(i) Celebration of the International Day of Zero Tolerance to Female Genital Mutilation (FGM);

(ii) Awareness-raising and planned activities against FGM, carried out by, inter alia, the World Bank, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the German Organisation for Technical Cooperation (GTZ), the Lutheran World Federation (LWF) and NGOs;

(iii) Implementation of a programme for discontinuing FGM;

(iv) Preparation of documentary material (inter alia, booklets, pamphlets and films);

(v) Preparation of a draft act making FGM a crime;

(vii) Implementation of a programme for discontinuing FGM in four regions or wilayas (Assaba, Brakna, Guidimagha and Gorgol)

(viii) Organization of various awareness-raising campaigns against other harmful practices (inter alia, forced feeding, forced marriage and early marriage).

A draft act punishing violence against women has been drawn up and will be adopted during the regular session of the parliament. The act characterizes as offences all harmful practices and stereotypes referred to in the report.

In implementing the Durban principles adopted in 2011, the authorities drew up a national plan of action against racial discrimination, based on thorough analysis and assessment of all aspects of discrimination in the country. The plan was prepared through an inclusive participatory process involving all stakeholders, an

approach expected to facilitate ownership and implementation of the plan. In addition to legislation, the plan provides for economic and social measures to reduce disparities and inequalities so as to improve income distribution among the country's citizens.

There is no racism against women who are not of Arab descent. The principle of equality of citizens applies to all Mauritanian men and women, regardless of their origin or race. Neither the above action plan nor any of the measures taken to promote and protect women's rights make any distinction based on origin or race criteria.

Violence against women

9. Measures taken to combat violence against women have made it possible, first, to make public opinion aware of violence against women as a human rights violation and a form of discrimination against them. Such violence includes "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". Second, the measures taken help to consolidate information on the phenomenon. In fact, accurate statistics on violence against women are rare as almost all existing data on the subject are collected mainly by a few NGOs in cooperation with the Ministry of Social Affairs, Childhood and the Family (MASEF). Such data concern primarily sexual violence, particularly rape and spousal abuse. That data not only is largely limited to Nouakchott, but also is based only on reported cases. That constitutes an obstacle to assessing the situation, given that, for various reasons, including ignorance of rights and sociocultural pressure, few women victims of such offences report them. The measures taken open the way to obtaining reliable information on the various types of violence against women and measuring the extent of the phenomenon, which is now taken into account in connection with development initiatives. An updated database containing a wealth of disaggregated information and expected to serve as a factual reference framework for programmes and strategies against gender-based violence is currently available.

The five forms of violence considered as most frequent and combated by the authorities are physical, sexual, psychological and economic violence and violence related to non-enforcement of the law. They occur in spousal (including extramarital), family, public, work-related and school contexts. Psychological violence accounts for most of the - considerable -overall prevalence of violence against women, while the rates of each of the remaining four forms of violence are relatively low.

Only 6.1 per cent of women victims of violence in the public sphere filed a complaint with a competent authority. Most of the complaints (77.4 per cent) were filed with the police. The overwhelming majority (95.8 per cent) of women victims of violence at the workplace filed no complaint with a competent authority. Only 4.2 per cent (5.3 per cent in urban and 1.7 per cent in rural areas) filed such a complaint,.

Of the women victims of family violence, only 3.4 per cent filed a complaint with a competent authority. Of the victims of violence in a spousal context, only 4.6 per cent did so (5.8 per cent in urban and 3.6 per cent in rural areas). Women

victims addressed themselves only to the police in rural areas and to various authorities (including the prosecutor) in urban areas. Of the cases thus reported, 49.3 per cent led to the arrest of the alleged offender. In 23.2 per cent of the cases he was brought before the prosecuting authorities.

Recourse to a competent authority to file a complaint against perpetrators of sexual violence is not frequent. Only 4.9 per cent of sexual violence victims filed a complaint with a competent authority (5 per cent in urban and 4.8 per cent in rural areas). Of those victims, 64 per cent addressed themselves to the police and 28.9 per cent to the gendarmerie. These data reveal that, although still weak, combating violence against women through justice is taking shape. That is why training the judicial officers and raising the women's awareness of their rights are a crucial part of the strategy for combating violence against women.

On the basis of information collected through various studies on violence against women, the authorities have also introduced the following measures:

(i) Launching a revision of the current strategy in order to draw up updated and relevant action plans;

(ii) Formulating an effective communication strategy to support the strategy for the prevention of violence against women;

(iii) Building the capacities of care centres and shelters for women victims of violence;

(iv) Developing a training module for staff attending to women victims of violence in care centres and shelters for victims and defining the type of services to be provided to them in response to their crucial needs; and setting up an effective information and ongoing registration system for all acts involving violence against women.

Emphasis has been placed on education and capacity building for women to avoid that violations of their dignity become commonplace. In an effort to combat violence, the authorities have been in favour of employing female personnel in the police, the gendarmerie and the judiciary. In order to facilitate the treatment of the violence in question, psychologists participate in the action of health services. Other measures taken by the Government include creating a hotline, providing relevant information to the victims as well as to the population in general and raising their awareness of the unacceptable character of violence through various media (inter alia, television, radio, the printed press and sketches) and all other available means (inter alia, posters, folders and gadgets). Currently, civic and religious education and literary texts address topics related to respect for the dignity of women and condemn violence against them. Parents' associations participate in the promotion of the culture of non-violence a school. Associations have been encouraged in their action in this area. Their staff has become more aware of and receptive to the plight of victims. The Ministry of Social Affairs, Children and the Family (MASEF) organizes, for the various actors concerned, annual seminars that help to expand and systematize the involvement of opinion leaders (inter alia, traditional chiefs, ulemas and religious and other dignitaries) in the strategy for preventing violence against women.

10. Under article 12 of the Order on judicial protection of children, "any person who interferes or attempts to interfere with the genital organ of a girl child, by

infibulation, anaesthetization or any other means, is punishable by one to three years' imprisonment and a fine of 120,000 to 300,000 ouguiyas if the act has resulted in harm to the child". That provision has considerably helped awareness-raising campaigns against female genital mutilation (FGM). It reveals the resolve of the authorities to eradicate the said practice. Associations, traditional chiefs and communicators have used that provision in relevant awareness-raising campaigns. To date, however, its overall implementation has been limited as the requirement of a prejudice for prosecuting the mutilator has discouraged human rights defenders eager to bring the offenders to justice. To redress that situation, the authorities plan to adopt the draft act on violence against women, which has been jointly developed with civil society organizations. The draft comprises three main components, namely, first, prevention of violence against women, second, punishment of such violence and, third, care for the victims and possibly counselling for the perpetrators. Innovatively, the draft introduces the principle of civil damages and provides for the aggravating circumstances of recidivism and sexual assault. Moreover, the treatment of complaints regarding the offences in question has been organized. Judicial procedures relating to sexual assaults against women are characterized by the resolve of the competent special courts and include protection orders, urgent hearings, removal measures, and subjection of presumed offenders to credibility and DNA tests. Action brought by women victims is facilitated at the level of the hearing through required presence of a lawyer, obligatory investigation, exclusion of release on bail of the accused, psychological support and presence of a person chosen by the complainant, protection of witnesses, presence of a psychologist during legal proceedings, and in camera sessions. Three main measures provided for by the draft act in order to prevent sexual assaults consist in awareness-raising, education and the contribution of the health and social care system to the policy for protecting society against that phenomenon. A leading role in prevention is reserved to civil society, which is to participate in all relevant measures to be taken. Care for women victims of sexual assault will be facilitated through the development of an action plan and the availability of all necessary means of action, particularly a hotline, units specialized in the prevention of violence against women, a database, shelters for women victims of sexual violence and access of such persons to medical treatment and administrative support in maintaining their employment.

Rape does not constitute adultery. Various awareness-raising campaigns aimed at the judiciary have been organized to highlight that fact and to encourage women victims of rape to file a complaint. In-service training for judges and law officers help to eliminate the said mistake. None of the women concerned are accused of sexual intercourse outside marriage (zina) and those who had been have served generally short sentences. Women victims of rape are not detained but on the contrary enjoy the compassion of the judges, who specifically endeavour to win acceptance for their rights.

11. Female genital mutilation (FGM) is characterized as a crime in Order No. 2005.015 of 5 December 2005 on the judicial protection of children, under article 12 of which "any person who interferes or attempts to interfere with the genital organ of a girl child, by infibulation, anaesthetization or any other means, is punishable by one to three years' imprisonment and a fine of 120,000 to 300,000 ouguiyas if the act has resulted in harm to the child". Discussed by all actors involved in combating female genital mutilation (FGM), a draft act dealing

specifically with the said practice has been finalized in a workshop and is expected to be submitted to the parliament by the Government in 2014.

To facilitate the implementation of the strategy against female genital mutilation (FGM), the authorities first identified the cities, villages and groups where that practice is particularly frequent. Then, they established an ongoing dialogue with the health authorities and school personnel, while seeking cooperation with village or ethnic associations for raising awareness among mothers. They also warned mothers about possible prosecution in the event of mutilation of young girls. Lastly, they presented and criticized the cultural counter-arguments for the benefit of the mothers.

Monitoring of the implementation of the above strategy is the responsibility of the Ministry of Social Affairs, Children and the Family (MASEF), which supports the relevant social movement, periodically evaluates the results of the strategy and issues appropriate instructions to improve its effectiveness.

Trafficking and exploitation of prostitution

12. Mauritania has ratified the United Nations Convention against Transnational Organized Crime, is a party to its two additional protocols, namely the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the Protocol against the Smuggling of Migrants by Land, Sea and Air, and has incorporated the provisions of that body of legislation into its domestic law through Act No. 2003-025 of 17 July 2003 on the suppression of trafficking in persons and Act No. 2010.012 of 10 February 2010 on the suppression of trafficking in migrants. The first Act prohibits, suppresses and punishes trafficking in persons, particularly children. The second Act prohibits and combats trafficking in migrants, facilitates relevant cooperation and protects the rights of trafficked migrants. That legal arsenal, however, does not stipulate any specific treatment for trafficked women, does not promote international cooperation in prosecuting human trafficking and does not protect or assist trafficking victims by ensuring respect for their fundamental rights. These assertions are based on the legal and judicial treatment of prostitution cases, generally involving migrants. In order to increase the effectiveness of the legislation on trafficking, preliminary discussions have been held, and have considerably advanced, in the Ministry of Justice regarding a revision of Act No. 2003-025 so as to prohibit all forms of trafficking, including those related to forced labour and prostitution, which currently constitute offences. The aim is to provide comprehensive protection for the victims. Women prostitutes are, initially, subjected to judicial supervision or given a suspended. If they reoffend, the sentence becomes enforceable. Foreign women engaged in prostitution are subject to the same treatment but, if they reoffend, are liable to expulsion from Mauritanian territory.

Participation in decision-making and representation at the international level

13. Women's participation in decision-making has improved since the preceding period, attaining the rates of 21 deputies out of 147, 9 senators out of 56, 6 mayors out of 218 and 1,317 municipal councillors out of 3,722. In the Government, seven

ministers and four secretaries- general are women. Two women are ambassadors. In Mauritania, women have made notable progress in terms of political participation but remain underrepresented at the intermediate and higher levels of public administration. There has been a certain regression in their occupancy of decision-making jobs as ambassadors and territorial administrators. Against that backdrop, the authorities will continue to honour their commitment to having 30 percent of women in positions at the decision-making levels, as stipulated in the Beijing Declaration and the MDGs, particularly MDG 3. That requires advocacy, which has already enabled women to participate extensively in the municipal and legislative elections of November 2013. Continuation of such campaigns will boost support by the authorities, important personalities and the population for women's participation in the decision-making process in all areas and at all levels within the framework of mandates and elected and administrative offices, and thereby contribute to the creation of a climate conducive to access to and control of positions of responsibility. Through the Ministry of Social Affairs, Children and the Family (MASEF), the authorities endeavour to raise the female leaders' general awareness of their civic role, enable them to build relations with other leaders, clarify for them the stages of promotion and the requirements of participation and, lastly, help them to fulfil their family, social and political duties as citizens. The Government remains committed to the gender approach as a cornerstone of development policy. Moreover, the authorities develop appropriate mechanisms for facilitating women's access to various posts in the administration by specifically recruiting women (as, inter alia, foreign affairs counsellors, journalists and judges).

Nationality

14. Under article 18 of Act No. 61-112 of 12 June 1961 on the Mauritanian Nationality Code, "the following persons shall be considered Mauritanian: (1) Any child born to a Mauritanian father; (2) Any child born to a Mauritanian mother and a father without nationality, or of unknown nationality; (3) Any child born in Mauritania to a Mauritanian mother and a father of foreign nationality, without the possibility of renouncing his or her nationality in the year preceding adulthood". Under that provision, Mauritanian nationality is recognized automatically to a child born to a Mauritanian father but not to a Mauritanian mother unless the father is of foreign, unknown or no nationality. That article, enacted in the 1960s, was designed to protect the child in order to attach it to the father's nationality, because at the time the law favoured patriarchal considerations. That is no longer the case. The promotion of the rights of the child, progress towards equality, the gender approach and the commitments made by Mauritania militate in favour of basing a child's nationality on that of the father or the mother under identical conditions. That option is all the more pertinent since in Islamic law, on which Mauritanian law primarily relies, a child has the same obligations and rights vis-à-vis both parents. Accordingly, discussions on amending the Nationality Code began in the Ministry of the Interior with a view to implementing the principle of equality between parents in determining a child's nationality. As regards naturalization, a foreign wife enjoys positive discrimination insofar as she may acquire the nationality of her Mauritanian husband. Thus, under a new article 16 of the Nationality Code (Act No. 2010-23 of 11 February 2010 abolishing and replacing certain provisions of Act No. 61-112 of 12 June 1961 on the Mauritanian Nationality Code), a foreign woman who marries a Mauritanian may, at her express request and five years after the date of the

marriage, acquire Mauritanian nationality, provided that she can document uninterrupted residence in the country over a period of five years. Article 18 recognizes that possibility to other foreigners as well but subject to a ten-year period of residence. In a bid to facilitate as much as possible the integration of a foreign woman married to a Mauritanian, the legislator simply imposed on her the obligation of a five-year integration period, subjecting her to no discriminatory measures and, on the contrary, treating her more favourably than other aliens.

Education

15. Measures taken to promote the school enrolment of girls:

(i) Encouraging nomadic people to adopt a more sedentary way of life;

(ii) Adoption of a policy of commitment to basic education as a priority, with the emphasis on reducing disparities between girls and boys, and between rural and urban girls, and of a significantly increased education budget;

(iii) Expansion of the network of elementary schools, particularly in rural areas, and thereby greater proximity between school and families and reduction in rural-urban disparities;

(iv) Doubled number and upgraded qualifications of primary education teachers;

(vii) Pilot projects for the education of girls in remote areas, including various measures for attracting girls to, and retaining them at, the school: inter alia, introduction of food programmes (school canteens) in view of the beneficial effect of improved nutrition on the children's well-being and performance, setting up of toilets (especially for girls) and provision of running water - services that increase the pupils' comfort and encourage school enrolment. Mention should also be made of access to school for all children regardless of origin, including disabled children and pregnant girls, and of flexible schedules adapted to the children's out-of-school traditional responsibilities, particularly household tasks.

Thus, in the area of education Mauritania has made considerable efforts which have helped to reduce gender disparities (through greater access of girls to education and reduced illiteracy among women). The school currently helps to overcome gender-related prejudices and stereotypes (through the introduction of gender issues into the curricula and schoolbooks); to avoid the reproduction of traditional patterns and roles; and to inform girls and boys better, particularly with regard to their rights and obligations. The Ministry of Social Affairs, Children and the Family (MASEF) ensures that the female population benefits equitably from the resources allocated to the education sector through national programmes and projects. Moreover, the authorities enhance the school-related opportunities open to girls through:

(i) Incentives for actual and continued school enrolment (grants);

(ii) Free preschool education;

(iii) Measures aimed at improving schoolwork;

(iv) Upgrading of the status of teachers;

(vii) Enhancement of statistical capacities, appropriate use of evaluation findings, and medium-and long-term planning regarding girls' education;

(viii) Stabilization of education policies;

(ix) Coordination of the activities of institutions working in the area of girls' education.

Employment

16. Self-employment is the main source of income of women in Mauritania. Their share in informal employment remains high. They constitute the main part of unremunerated family and household labour but rarely do they regard themselves as workers or heads of an enterprise. Many women work in the above economic sector, where the distinction between work and unremunerated activity is vague and their productive and reproductive roles are simultaneously fulfilled at home. It is thus difficult to define their work. Female labour is concentrated in activities of the smallest scale and lowest profitability, namely food processing, sewing and domestic services. Over and above constraints shared with men in the informal sector, women face specific and typically female difficulties related to their condition, which limit their access to, inter alia, land, housing, commercial premises, training, technology and credit. Moreover, women have specific needs related to their role in the family, particularly pregnancy, children's education, care for the elderly and household tasks. Social protection is connected with fundamental rights and equity, but also with productivity and income. The security-, health- and environment-related risks characterizing the informal sector in general are compounded in the case of women working in that sector. Poor working conditions go hand in hand with poor employment practices and poor living conditions, in a context where home and workplace often coincide. Women who are self-employed or are informal workers lack the know-how, the technical means and the resources necessary for taking measures to protect their health and ensure their own security. Currently, the authorities have recourse to the experience of the International Labour Organization, informing the women working in the informal sector of the importance of social security and encouraging entrepreneurs in that sector to formalize progressively their employment relations or to develop a social security system adapted to the scale of their operations. Endeavouring to improve work ethics, the trade unions and civil society organizations organize ever more training and information seminars promoting equal pay for equal skills and services between men and women. The labour inspectorate endeavours to enforce that principle in related disputes. There is no segregation against women either in the private or the public sector. The first is governed by competition, which encourages selecting and recruiting women that are more qualified than men. The second is governed by the principle of competitive recruitment examinations, which are open to all. For a number of years, that practice has included positive discrimination in favour of women, with the result that their number in that sector has increased and many of them have been appointed to high-level administrative positions.

Health

17. Health financing is based on raising funds from various sources (the Government, households, enterprises and donors), pooling those resources in order to distribute financial risks over broad population groups and using the funds to remunerate the public and private health care service providers. The aims are to ensure the availability of funds, the selection and implementation of viable activities, the offer of appropriate financial incentives to providers, and the access of all persons to effective health services. To those ends, the amount of 17,808,279,000 ouguiyas was allocated to health under the 2013 national budget.

Various specific steps have been taken in order to reduce maternal mortality and combat fistula. The steps in question concern:

(i) The adoption of a roadmap for reducing maternal mortality in the period 2008-2015;

(ii) A strategy for making reproductive health products secure;

(iii) A national strategy for the survival of children, 2009-2013;

(iv) A national strategy for the prevention of mother-to-child transmission (PMTCT), 2010-2014;

(iv) A national strategy for the safety of blood transfusions;

(vi) A national strategy for the elimination of obstetric fistula;

(vii) A national strategy for a set fee for obstetrical care.

(viii) A set fee for obstetrical care, which is based on the sharing of obstetrical risks. It consists in a voluntary contribution paid by the patient during pregnancy and covering full care in that period. That fee implies obstetrical care for all women; contributes to improving emergency obstetrical care; ensures better working conditions for health professionals; guarantees monitoring of normal pregnancies through four antenatal examinations, laboratory tests, early ultrasound diagnosis, preventive treatment, delivery and postnatal examinations; and covers pregnancy-related ailments and the transport to a reference clinic for delivery in pathological cases.

A special programme within the framework of reproductive health deals with the sexual and reproductive education of children. Reproductive health covers all areas of a person's health which have a direct or indirect impact on reproduction. The following components that are common to all target groups have been approved:

(i) Prevention and treatment of genito-urinary tract infections (sexually transmitted diseases (STDs) and HIV/AIDS),

- Treatment for infertility;
- Diagnosis and care related to high-risk pregnancies, sexual dysfunctions or other gynaecological disorders;
- Information, education, communication (IEC);
- Family planning;

- Immunization;
- Fight against harmful practices (inter alia, early marriage and pregnancy, excision, forced feeding and tattooing);
- Prevention and care related to unintended pregnancies;
- Treatment of abortion-related complications;
- Reproductive health activity management, training, monitoring and evaluation.

However, the following components are specific to certain groups, as indicated:

(i) Mothers and other women: Monitoring of pregnancy and childbirth, post-partum follow-up, and screening and treatment for breast and reproductive-system cancer;

(ii) Adolescents and young persons: Sexual and family-life education, care for high-risk behaviour (drug addiction, early sexual activity and intercourse with multiple partners), premarital consultation and marriage-related counselling;

(iii) Information on family planning, STD and HIV/AIDS prevention and treatment and co-responsibility;

(iv) Children: Neonatal care and follow-up, nutrition (breastfeeding and weaning), monitoring of children's growth, and care for children (at the preschool and school ages).

The authorities have formulated and implemented a reproductive health strategy aimed at strengthening and publicizing the relevant services that are available and ensuring their accessibility to adolescents. A full range of such services is offered, and comprises:

(i) Perinatal mother-and-child care to reduce pregnancy-related risks;

(ii) Family planning;

(iii) Health care for children;

(iv) Measures against harmful practices. It also addresses the needs of men and adolescents in terms of prevention and treatment of reproductive tract infections and disorders, including sterility, STDs and HIV/AIDS, and the gender concept in order to enable every person to experience reproduction in accordance with the sociocultural framework.

The legislation and regulations on reproductive health are based on the relevant principles formulated by the international community. In that connection, the first International Conference on Human Rights, held at Teheran in 1968, established the principle that "parents have a basic human right to determine freely and responsibly the number and the spacing of their children." The International Conference on Population and Development (ICPD) held at Cairo in 1994 established the following principles: (i) Every person has the "right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents"; (ii) "Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the

capability to reproduce and the freedom to decide if, when and how often to do so". Respect for these principles led the authorities to draw up a draft Act on reproductive health, whose adoption is in progress.

The authorities have launched a policy for making the services necessary to reproductive health available to the population. The policy in question encompasses a range of services, such as the following:

(i) Full availability of essential, emergency and basic obstetric care;

(ii) Presence of qualified personnel at deliveries;

(iii) Access of pregnant women to antenatal care;

(iv) Care for complications related to abortion;

(v) Availability of contraceptives;

(vi) Treatment for infertility;

(vii) Combat against female genital mutilation (FGM);

(viii) Cervical cancer screening and treatment;

(ix) Prevention of mother-to-child transmission (PMTCT) of HIV/AIDS;

(x) Treatment for obstetric fistula;

(xi) Neonatal care.

The reproductive health strategy includes building and upgrading the physical capacities of health establishments. Such action has led to the:

(i) Provision of medical and surgical equipment to various health establishments in the country (a second operating room for the Sebkha health centre, the Nouakchott shelter for obstetric fistula patients, the Guérou health centre in Assabaand and other health establishments in the Gorgol region), the Cheikh Zayed hospital and the Kiffa and Kaédi regional hospitals, enabling them to offer full emergency obstetrical care (SOUC);

(ii) Financing of the construction of an independent operating room for the maternity unit and a bed block in the Cheikh Zayed hospital);

(iii) Purchase of operating room equipment;

(iv) Provision of ambulances to health establishments (for access to SOUC);

(v) Training in operations research (for the Assaba health workers);

(vi) Provision of contraceptives to health establishments and introduction of new methods;

(vii) Provision of condoms for STDs and HIV/AIDS prevention in cooperation with civil society organizations (national and international NGOs).

In the area of personnel training, Mauritania, through the national reproductive health programme, has offered training in reproductive health service techniques for:

(i) Emergency obstetrical and neonatal care (SONU) for physicians, including gynaecologists and paediatricians, midwives and anaesthesiology technicians;

(ii) Essential obstetric care (SOE) for head nurses (ICPs) and assistant midwives;

(iii) Family planning and related new methods;

(iv) Treatment for obstetric fistula;

(vi) Implementation of the set fee for obstetrical care, as part of reproductive health programme management,.

In the area of advocacy, the national reproductive health programme has included in particular the following activities:

(i) Advocacy vis-à-vis decision makers and opinion leaders (local elected officials and community and religious leaders);

(ii) Advocacy vis-à-vis the development partners;

(iii) Awareness-raising and information, education, communication (IEC) aimed at bringing about a change in behaviour and targeting the population and the users of reproductive health services.

The reproductive health policy has achieved the following significant results:

(i) Political commitment of the authorities in this area;

(ii) Adoption of a national reproductive health week under the patronage of the First Lady;

(iii) Commitment of the technical and financial partners (TFPs);

(iv) Development and implementation of three national reproductive health strategies (1998-2002, 2003-2007 and 2009-2013);

(v) Formulation of SONU protocols;

(vi) Training and assignment of specialized obstetricians and paediatricians;

(vi) Establishment of a medical school;

(vii) Establishment of the country's second training school;

(viii) Scaling up of the use of the set fee for obstetrical care;

(ix) Scaling up of PMTCT;

(x) Development and implementation of a national strategy against obstetric fistula;

(xi) Development of a national IEC strategy;

(xii) Development of a roadmap for reducing maternal and neonatal mortality faster.

Under the national strategy against HIV/AIDS adopted and implemented by the authorities, women have received information and training on HIV/AIDS. The strategy comprises the following five main thrusts:

(i) Reducing STD and HIV/AIDS transmission risks by ensuring the safety of blood transfusions, strengthening STD prevention, promoting voluntary and free testing for HIV/AIDS through relevant counselling, ensuring safety and protection from HIV/AIDS at the work place, promoting low HIV/AIDS risk forms of sexual behaviour, reducing mother-to-child transmission of HIV/AIDS and promoting the use of condoms;

(ii) Reducing the vulnerability of individuals, families and communities to HIV/AIDS, mainly by promoting the national sociocultural values and taking into account the economic dimension of the fight against HIV/AIDS;

(iii) Obtaining more information on the epidemic and the related forms of behaviour by strengthening epidemiological monitoring, behaviour monitoring and research on STDs and HIV/AIDS;

(iv) Facilitating the access of persons living with HIV/AIDS (PWAs) to comprehensive care by enhancing the psychosocial and medical care available to them, strengthening community-based care for such persons, orphans, widows and families affected by HIV/AIDS, and providing socioeconomic support to these groups;

(v) Ensuring the strategic management of the national response to HIV/AIDS by improving the coordination and effectiveness of national efforts against STDs and HIV/AIDS.

An assessment of the above strategy shows that it contributes to the protection of women against HIV/AIDS. In order to reduce the risks of transmission of STDs and HIV/AIDS to the child, the authorities have set up 13 regional blood banks, which ensure systematic blood control. The establishment of a national blood transfusion centre (CNTS) has facilitated the networking of those blood banks - with trained personnel, management tools and a regular supply of reagents and consumables - and the organization of activities to promote the active collection of blood and the gradual development of donor loyalty. In order to ensure the safety of blood transfusions, all donor bags are systematically tested for hepatitis B and C, syphilis and HIV/AIDS. If a positive marker is identified, the bag is immediately eliminated. The HIV-positive donor is invited to give a second sample and, if the finding is confirmed, has the benefit of a counselling interview in CNTS and is referred to an outpatient treatment centre (CTA) for care. Since 2007, testing for HIV/AIDS and syphilis are proposed to donors who fail the pre-donation consultation. Of the aforementioned four diseases, hepatitis B and syphilis account for a considerable part of donated blood that is rejected. However, those rates have begun to follow a decreasing trend as a result of the donor loyalty policy and donor selection. As for HIV/AIDS and hepatitis C, their seroprevalence is below 1 per cent and tends overall to increase in the case of the first and decrease in the case of the second. Blood is generally donated to relatives or on the basis of specific circumstances. As a result of awareness-raising campaigns, the number of blood donors increased from 6,802 in 2004 to 10,584 in 2008. Donor loyalty and coverage of needs are on an upward trend.

For the purpose of controlling other STDs, four syndromic care algorithms have been developed as a complement to clinical and etiologic methods, which are

still implemented in reference centres and hospitals. Medicines for syndromic STD care are on the national list of essential drugs. STD control is a component of action taken under the reproductive health programme. Screening for syphilis is prescribed as part of pregnancy tests.

In Mauritania, screening is carried out in 18 centres. The number of persons tested varies among establishments. It was 647 and 329, respectively, at the Nouakchott anonymous and cost-free test unit (UDAG) and outpatient treatment centre (CTA); 787 at the Kiffa voluntary screening centre (CDV); 100 at the Rosso CDV; 37 at the Nouadhibou CDV; and 46 at the Néma CDV. CDVs and voluntary screening services (SDVs) provide two types of testing:

(i) Stationary screening in any CDV/SDV. Although this type is effective in terms of adoption of low-risk behaviour patterns by seronegative persons, demand for it among visitors to such facilities is low and growing slowly, probably as a result of, inter alia, fear of stigmatization;

(ii) Mobile and advanced screening, currently offered through public-private cooperation. After a difficult start, this procedure has been more effectively organized and supervised and, as a result, successfully tried in certain localities in Trarza. Those trials could be replicated in other areas of the country.

The Ministry of Health has formulated and adopted a strategy for managing biomedical waste. The main activities carried out in that area have consisted in training a small group of workers and acquiring incinerators for regional hospitals. The PWA care manual specifies the steps to be taken in the event of accidental exposure to blood, depending on the risk of contamination. The manual has been made accessible to various health worker categories.

Regarding the promotion of forms of sexual behaviour with a low HIV/AIDS transmission risk, it should be noted that:

(i) Various actors carry out awareness-raising campaigns targeting opinion leaders (imams and ulemas) so that they may support the combat against HIV/AIDS in the mosques or as part of large-scale information campaigns regarding the disease, necessary prevention and non-stigmatization of PWAs.

(ii) The main subjects on the curriculum of the first six grades include a module on STDs and HIV/AIDS, and a related guide is available to the teachers;

(iii) The acceptance of preventive action and PWAs by the population has improved and there is considerable and steady demand for care. This reveals a positive change in collective attitudes towards combating HIV/AIDS, especially in Nouakchott and Nouadhibou.

A plan for the acquisition and distribution of condoms has been implemented at the national level, using the central procurement office for medicines and consumables (CAMEC) for storage and central distribution and 10 national and international NGOs for local distribution among young persons and other vulnerable groups. The condom distribution strategy relies on a mechanism based on public structures (regional executive secretariats to combat HIV/AIDS (SERLS), sectoral coordination offices and regional directorates for health (DRAS)) and civil society

organizations, particularly NGOs, youth and PWA associations, women's cooperatives and grassroots organizations. Civil society organizations obtain and distribute condoms on the basis of a memorandum of understanding between the United Nations Population Fund (UNFPA) and the National Executive Secretariat to Combat HIV/AIDS (SENLS).

Prevention of mother-to-child transmission (PMTCT) is ensured by 15 PMTCT facilities distributed over the territory. Screening of pregnant women is offered. The prevention protocols have evolved in recent years. The set fee for obstetrical care in intermediate level hospitals amounts to 5,000 ouguiyas and covers pregnancy monitoring and antenatal examinations as part of a consistent care package. Generalized implementation of that method throughout the country, supported by the French Development Agency (AfD), provides an opportunity to integrate HIV/AIDS testing into pregnancy-related care and for upscaling PMTCT. Care related to the feeding of newborn children of HIV-positive women is provided for.

The reduction of the vulnerability of individuals, families and communities to HIV/AIDS is enshrined in the strategic framework for poverty reduction (SFPR) in the form of the overall objective of "halting HIV/AIDS seropositivity at 1 per cent by 2015". SFPR 2, 2006-2010 ascribes to HIV/AIDS prevention a cross-cutting role. Since the launching of the National Strategic Framework against STDs and HIV/AIDS (CSN/LCIS), the combat against HIV/AIDS is based on a multisector and decentralized approach, implemented through the establishment of sectoral committees, the adoption and application of sectoral operational plans, the definition of specific budget lines in sectoral budgets and the coordination of the relevant sectors by SENLS.

The National Health Information System (SNIS) constitutes the main source of information on the HIV/AIDS epidemic in Mauritania. The 15 sentinel sites transmit annual data on pregnant women examined in antenatal consultations. SNLS has carried out a behavioural survey on young persons and a serological survey on persons affected by tuberculosis. Two surveys have been carried out on prostitutes. In 2007, a single combined survey was carried out on the other high-risk or indirect-transmission groups. A national care strategy has been developed with a view to, mainly, contributing efficiently to the survival and improvement of living conditions of PWAs. In that framework, a care module for PWAs has been adopted and used in certain personnel training programmes. Medical care, including antiretroviral treatment (ARV), is provided by the outpatient treatment centre (CTA). Such care, laboratory analyses and medication for opportunistic infections are free of charge. Currently, the distribution of food packages is operational with regard only to patients treated in Nouakchott. Civil society, particularly the network for PWAs, plays an important role in that area. Medicines for opportunistic infections are available. Nutritional care for PWAs takes the form of dietary allowances distribution and community meals during the meetings of discussion groups.

The legal framework for combating HIV/AIDS expresses the authorities' wish to protect and promote an environment guaranteeing the rights of PWAs against any discrimination and exclusion related to employment and to ensure that children and adolescents have access to training, education and appropriate health services, including information on the prevention of HIV/AIDS. Act No. 2007.042 on HIV/AIDS prevention, care and control fulfils that mission. A national strategy on care for orphans and children affected by HIV/AIDS has been adopted and an

agreement has been concluded for its implementation between the State and certain of its partners. Various activities have been undertaken with a view to setting up a network for care and advice by NGOs trained in counselling. Discussion groups meet regularly at the outpatient treatment centre (CTA) and the central office of PWA associations, with the support of a psychologist. The members of care associations have received training in counselling and supporting patients.

Socioeconomic support for PWAs, orphans, widows and families affected by HIV/AIDS is conducive to their integration and social inclusion. The National Strategic Framework against STDs and HIV/AIDS (CSN/LCIS) provides for the protection and implementation of human rights; for social support in accordance with the principles of Islam and the right to a family, work, social security and judicial protection; for economic support through financial assistance and income-generating activities; and for the self-development of PWAs, encouraged to describe their own problems and needs. Under the Act on HIV/AIDS prevention, care and control, public, private and civil-society institutions are responsible for preventive, protective and care-related activities targeting the population groups within their area of action. PWAs have become more visible through various active networks of PWA associations, through the increasingly frequent participation of PWAs in meetings and forums to express their views and through their involvement in managing and coordinating the relevant national efforts.

In view of the threat of a pandemic, Mauritania has succeeded in coordinating the efforts of various actors within a single framework, with the following results:

(i) A comprehensive and multisectoral national response , involving various types of governmental and non-governmental actors;

(ii) Political commitment to combating HIV/AIDS effectively, with a national HIV/AIDS committee (CNLS) chaired by the Prime Minister;

(iii) Participation of religious leaders in combating HIV/AIDS;

(iv) A consensual strategy aligned with national and international goals;

(v) Scaling up of certain key efforts such as ensuring:

- Blood transfusion safety at the regional level (regional hospitals);
- Voluntary and cost-free testing at the level of certain departments and in community centres;
- Psychological and medical care for PWAs at the level of certain regions;
- Prevention of mother-to-child transmission (PMTCT) at the level of certain regions;
- Access to condoms at the level of certain regions and in community centres;
- Biomedical waste management.

Unless undertaken on therapeutic grounds and decided by a physician on a case-by-case basis, abortion remains an offence under Mauritanian law.

Rural women

18. The plan of action for the development and advancement of rural women pursues the following six goals:

(i) Promoting women's rights through advocacy, development of communication media, and dissemination of rural women's rights;

(ii) Improving the health of rural women by:

- Combating practices harmful to their health;
- Improving access to health-care facilities;
- Improving the sexual and reproductive health of rural women;
- Combating epidemic diseases;
- Promoting individual and collective hygiene;

(iii) Enhancing the access of rural women to education by:

- Improving the education available to the rural population;
- Supporting the school enrolment of rural girls;
- Eliminating illiteracy among rural girls;

(iv) Developing infrastructure to improve the living conditions of rural women by:

- Ensuring geographic accessibility;
- Building barriers, dams and embankments;
- Upgrading water resources;
- Expanding village electrification programmes;
- Improving environmental conditions;

(v) Promoting the employment of rural women through:

- Vocational training;
- Income-generating activities;
- Access to credit;
- Marketing of produce;

(vi) Building the capacities of structures assisting rural women, by strengthening:

- Central management structures;
- Women's regional support structures;
- Rural women's organizations.

The plan of action has been implemented since 2009 but its impact on rural women has not yet been precisely assessed in any study. However, it is observed that:

(i) Difficulties regarding women's access to basic social services have been reduced;

(ii) Rural women's access to production factors (inter alia, land, credit, training and time) has improved;

(iii) They have access to childbirth care (inter alia, obstetric care and delivery assistance);

(iv) They begin to participate collectively in agricultural producers' organizations through village associations and to be represented in the decision-making bodies of those organizations, which having both male and female members;

(v) Rural women are receptive to human rights advocacy and are interested in participating in that effort.

Disadvantaged groups of women

19. As from 28 March 2013, the combat against slavery has been strengthened with economic measures aimed at eliminating that phenomenon. The National Agency for the Eradication of the Legacy of Slavery, Integration and Poverty Reduction in Mauritania constitutes an important mechanism in the strategy for the elimination of slave-holding practices through the design and implementation of ambitious projects and programmes for terminating the after-effects of that downright affront to humanity.

The role of the new Agency consists in waging economic war on the phenomenon of slavery and carrying out economic and social programmes to eradicate it. The Agency will implement and monitor its own programmes on the ground. They will promote access to drinking water and basic services, social housing and income-generating activities.

The Agency must use all available means to create new employment opportunities and build the earning and social-integration capacities of the most vulnerable groups in order to eliminate inequalities and encourage social cohesion.

It will coordinate its activity with programmes implemented by public and semi-public entities in a spirit of rationalization and effectiveness. The Tadamoun agency is responsible for:

(i) Identifying and proposing, in cooperation with the other bodies active in the area concerned, programmes for eradicating the legacy of slavery and ensuring their implementation;

(ii) Ensuring the design, coordination, implementation and monitoring of programmes for the reintegration of repatriated refugees into active social life;

(iii)

(iv) Promoting and implementing, particularly through the strategic framework for poverty reduction (SFPR), programmes aimed at eradicating poverty. In 2013, the Tadamoun agency allocated 2,837,720,000 UM for the implementation of its activities. That amount

made it possible to carry out vocational-training, health, water, agriculture, livestock raising, fishing, environmental, social housing and small trades projects and programmes targeting women who belong to disadvantaged groups.

Marriage and family relations

20. A study conducted by the National Human Rights Commission regarding the implementation of the Personal Status Code during the preceding ten years highlighted the difficulties related to the implementation of that instrument and formulated corresponding recommendations regarding its effectiveness. The authorities plan to validate and adopt that study and carry out its plan of action which stresses combating all forms of discrimination experienced by women.

Reservations, Optional Protocol and amendment to article 20 (1) of the Convention

21. The Mauritanian State plans to withdraw the general reservation made upon ratification of the Convention and replace it with a more specific reservation relating to the provisions of article 16. The process of withdrawing the reservation has already begun with discussions between the authorities and all sectors of civil society. In fact, that procedure is nearing completion since it is now at the stage of drawing up the specific reservation, which will be transmitted to the Committee in the current year.

The ratification of the Optional Protocol to the Convention is not yet on the agenda given that the State mechanisms are amply sufficient for processing complaints filed by parties to disputes relating to the Convention or to respect for the rights of women.